Items 7-8-10a-10b-13-14-15-17 - Phone Call-Funeral Director-Wm.Cook-12/30/53 dmr.
Film#G160 Item# 11 1/6/54 emp

12272

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 190

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1 One Spot

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Jessups
STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) THEADORE (Last) BEAVERS (BEAVERS)

4. DATE OF DEATH (Month) (Day) (Year) 12-24-53 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: July 12 1897
9. AGE last birthday: ? 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Handyman
10b. KIND OF BUSINESS OR INDUSTRY: One Spot Flea Killer Co.
11. BIRTHPLACE (State or foreign country): Herndon, Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William L. Beavers
14. MOTHER'S MAIDEN NAME: Sarah A. Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: -
17. INFORMANT & ADDRESS: Mrs. Alice M. Trammell-124 12th St.S.E.Washn.D.C Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

812X

Immediate cause (a) Fracture of Skull — INTERVAL BETWEEN ONSET AND DEATH: Infant

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture of Tibia and Fibula both legs

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
21c. (City or town) Jessups (County) Howard (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-24-53 6.28P M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Struck by auto while crossing route 1

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gwye E. Dmytorf M.D. Ellicott City, Md M. D.
~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ☒ ~~ASSISTANT MEDICAL EXAM.~~ ☐
DATE SIGNED 12-24-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Dec. 29, 1953
NAME OF CEMETERY OR CREMATORY Washington National Cem
LOCATION (City, town, or county) Suitland (State) Maryland

DATE REC'D BY LOCAL REG. DEC 27 1953
REGISTRAR'S SIGNATURE E. Boyd Williams mmb.
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS Riverdale, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
DEC 30
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12273

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge X
LENGTH OF STAY (in this place) 13 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge X
STREET ADDRESS (If rural give location) 1706 Levering, ave.

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) Gilmore (Last) Carter

4. DATE OF DEATH: (Month) Dec (Day) 27 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Oct. 7, 1885
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: B+O. R.R.
11. BIRTHPLACE (State or foreign country): Elkridge, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Carter
14. MOTHER'S MAIDEN NAME: Sarah Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Mr Harry H. Carter 1706 Levering ave Elkridge 27, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Broncho pneumonia — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Chr Myocarditis — 1 yr

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Crippled from Birth

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/24, 1953, to 12/27, 1953, that I last saw the deceased alive on 12/27, 1953, and that death occurred at 4 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) D. B. Brumfield
ADDRESS 5609 Main St Elkridge 27 Md
DATE SIGNED 12/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec 30, 1953
NAME OF CEMETERY OR CREMATORY Melville Cemetery
LOCATION (City, town, or county) Elkridge, Howard (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec. 28, 1953
REGISTRAR'S SIGNATURE (Miss) E. Bird Williams

24. FUNERAL DIRECTOR Henry W. Jenkins + Sons Co.
ADDRESS 4905 York Rd. Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12274

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Laurel | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harwood Park
STREET ADDRESS (If rural, give location) 2013 Louden Ave.

3. NAME OF DECEASED (Type or Print): (First) ~~[illegible]~~ WILFRED (Middle) A. (Last) MARTLOCK
4. DATE OF DEATH: (Month) 12 (Day) 18 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: August 11 1907
9. AGE last birthday: 46 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator
10b. KIND OF BUSINESS OR INDUSTRY: service station
11. BIRTHPLACE (State or foreign country): [illegible] Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Martlock
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs W. A. Martlock Harwood Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) CORONAR THROMBOSIS — INSTANT

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E. Burgdorf (Degree or title) M.D. ADDRESS Ellicott City, Md. DATE SIGNED 12-18-53
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Dec 22 1953
NAME OF CEMETERY OR CREMATORY: Meadowridge Memorial Park
LOCATION (City, town, or county) (State): Dorsey Maryland

DATE REC'D BY LOCAL REG. 12/22/53
REGISTRAR'S SIGNATURE Frank Shipley
24. FUNERAL DIRECTOR: De Witt Donaldson
ADDRESS: Laurel Md

RECEIVED
DEC 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12275

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Howard — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Daniels

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Howard

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Daniels

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) O. (Last) MULLINEAUX

4. DATE OF DEATH: (Month) 12-12-53 (Day) (Year) 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	8-22-1887	66 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
At home	None	Daniels Md	

13. FATHER'S NAME: Zachary Davis

14. MOTHER'S MAIDEN NAME: Laura Sencindiver

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	?	Nelson Mullineaux, Daniels, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Cardio-Respiratory failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Myocarditis Degenerative + Hypertrophy DUE TO

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to 12 Dec., 1953 that I last saw the deceased alive on 12 Dec., 1953, and that death occurred at 7:30 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) William J. Bryson M.D. ADDRESS 4605 Elmendorf ave DATE SIGNED 12 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-15-53	Good Shepherd	Ellicott City, Md

DATE RECD BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 14, 1953	John B. Langhman. Reg. B. E. L.	F.C. Higinbothom	Ellicott City, Md

RECEIVED
DEC 17 1953
BUREAU V. S.

Item#8,9 FilmG160 12/28/53 mnb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12276

CERTIFICATE OF DEATH

Reg. Dist. No. 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural / Ellicott City
LENGTH OF STAY (in this place) 2 mo. + 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Schaeffer's Convalescent Home. Montgomery Rd. Ellicott City

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Balto. City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City 293Y.014
STREET ADDRESS (If rural give location) 617 Lynhurst St

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) B (Last) Owens

4. DATE OF DEATH: (Month) 12 (Day) 13 (Year) 1953

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug 17 1893

9. AGE last birthday: 60 61 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Ret Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: David Blount

14. MOTHER'S MAIDEN NAME: Lucy Lynn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: V

17. INFORMANT & ADDRESS: Arthur E. Owens 617 Lynhurst St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Arteriosclerotic Cardio Vascular Disease — Interval Between Onset And Death: 2 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b)

DUE TO

(c)

422.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION: None — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-6, 1953, to 12-15, 1953, that I last saw the deceased alive on 12-14, 1953, and that death occurred at 9:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George E. Burtoft M.D. — ADDRESS Ellicott City, Md. — DATE SIGNED 12-15-53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial — DATE THEREOF 12-19-1953 — NAME OF CEMETERY OR CREMATORY Marshall-VA — LOCATION (City, town, or county) (State) Marshall.

DATE REC'D BY LOCAL REGISTRAR 12-16-53 — REGISTRAR'S SIGNATURE R W Hedrick — 24. FUNERAL DIRECTOR F. H. Weppert & Son — ADDRESS 1300 Eutaw Place 17

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City
RURAL LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rogers Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City
STREET ADDRESS (If rural give location) Rogers Ave.

3. NAME OF DECEASED: (Type or Print) (First) VIOLET (Middle) MARIAN (Last) PHELPS

4. DATE OF DEATH: (Month) (Day) (Year) 12-23-53 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 5-20-1899

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: A. Home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Rockland, Howard Co. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George O. Phelps

14. MOTHER'S MAIDEN NAME: Annie Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ?

17. INFORMANT & ADDRESS: Geo. O. Phelps, Ellicott City, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241X

Immediate cause (a) Pulmonary Embolism — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Bronchial asthma — 4 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1949, to Dec. 23, 1953, that I last saw the deceased alive on Dec. 23, 1953, and that death occurred at 3:10 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature], M.D. ADDRESS Ellicott City Md DATE SIGNED 12/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 12-27-53

NAME OF CEMETERY OR CREMATORY Good Shepherd

LOCATION (City, town, or county) (State) Ellicott City, Md.

DATE REC'D BY LOCAL REGISTRAR Dec. 27, 1953

REGISTRAR'S SIGNATURE John B. Loughran Pu. B.E.L.

24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md. ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 1953
BUREAU V. S.

12278

MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH: COUNTY Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scaggsville — LENGTH OF STAY (in this place) 50 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scaggsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Margaret	(Middle)	(Last) Poe	4. DATE OF DEATH	(Month) Dec (Day) 23 (Year) 1953
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH June 21, 1903	9. AGE last birthday 50 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) ~~Howard~~ Laurel, Md	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Henry Robey			14. MOTHER'S MAIDEN NAME Bernice Coan		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If year, give war or dates of service) —	16. SOCIAL SECURITY NO. —	17. INFORMANT AND ADDRESS Charles Poe, Scaggsville, Md		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

154X

Immediate cause (a) Mitostatic Carcinoma — 1 yr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Rectum — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☑	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/27, 1953, to 12/23, 1953 that I last saw the deceased alive on 12/23, 1953 and that death occurred at 8:15 a.m., from the causes and on the date stated above.

SIGNATURE J M Warren (Degree or title) Md ADDRESS Laurel DATE SIGNED 12/24/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 12/26/53	NAME OF CEMETERY OR CREMATORY Emmanuel Cem.	LOCATION (City, town, or county) (State) Scaggsville, Md
DATE REC'D BY LOCAL REG. Dec 26-1953	REGISTRAR'S SIGNATURE Frank Shipley,	24. FUNERAL DIRECTOR De Witt Donaldson	ADDRESS Laurel, Md

MARGIN RESERVED FOR BINDING

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge
LENGTH OF STAY (in this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hanover Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge
STREET ADDRESS (If rural, give location) Hanover Road

3. NAME OF DECEASED (Type or Print) (First) ALBERT (Middle) (Last) SHARP
4. DATE OF DEATH (Month) 12 (Day) 20 (Year) 1953
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH May 5, 1892
9. AGE last birthday 61 | If under 1 year Months | Days | If under 24 hrs. Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Prince Geo. Co. Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 219-20-7847A
17. INFORMANT AND ADDRESS Mrs. Ellen Mae Sharp Hanover Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

900.0 Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. X
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
(CITY OR TOWN) Elkridge (COUNTY) Howard (STATE) Md.
TIME OF INJURY (Month) 12 (Day) 20 (Year) 53 (Hour) 6 30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? fell down part of stairs to first floor.

22. *I certify that I took charge of the remains described above, held an ~~Autopsy~~ X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident ☐, suicide , homicide , undetermined ☐.*

SIGNATURE George E. Burgtorf MD (Degree or title) ADDRESS Ellicott City DATE SIGNED 12-20-53
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 23, 1953
NAME OF CEMETERY OR CREMATORY Odd Fellows
LOCATION (City, town, or county) Elkridge (State) Md.
DATE REC'D BY LOCAL REG. 12-23-53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Fineland Funeral Home ADDRESS 1631 Druid Hill Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Savage
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 2632 Colston Drive

3. NAME OF DECEASED (Type or Print): (First) Robnette (Middle) L. Stuart (Last)

4. DATE OF DEATH: (Month) 12-11-53 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 12-17-1914

9. AGE last birthday: 38 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home (Housewife)

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Theodore L. Langohr

14. MOTHER'S MAIDEN NAME: Robnette G. Kesler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: 13179 Ardennes Street
Wm. T. Langohr, Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

816X

Immediate cause (a) Fracture of Skull at base and left frontal area — Interval between onset and death: instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: U.S. Route #1 — (CITY OR TOWN): Savage — (COUNTY): Howard — (STATE): Md.

TIME OF INJURY (Month) 12 (Day) 11 (Year) 53 (Hour) 12 5 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Auto was struck Head on by another car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: George E. Burtoft M.D. (Degree or title)
DEPUTY MEDICAL EXAMINER OF 12th COUNTY

ADDRESS: Ellicott City, Md.

DATE SIGNED: 12-11-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/14/53

NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery

LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REG.: 12/28/53

REGISTRAR'S SIGNATURE: Dr. Frank Shipley

24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Laurel — LENGTH OF STAY (In this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stephens Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Laurel
STREET ADDRESS (If rural give location) Stephens Rd

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) (Last) WAYNE

4. DATE OF DEATH: (Month) Dec (Day) 11 (Year) 1953

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single — 8. DATE OF BIRTH: April 2 1951 — 9. AGE Last birthday: 2 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none — 10b. KIND OF BUSINESS OR INDUSTRY: none — 11. BIRTHPLACE (State or foreign country): Riverdale, Maryland — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Matthew Wayne — 14. MOTHER'S MAIDEN NAME: Mabel Innis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: — 17. INFORMANT & ADDRESS: Matthew Wayne, Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death 4d.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mongolism — Some time

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-10, 1953, to 12-11, 1953, that I last saw the deceased alive on 12-11, 1953 and that death occurred at 8:15 a.m., from the causes and on the date stated above.

SIGNATURE William R. Burgee (Degree or title) M.D. — ADDRESS Laurel, Md. — DATE SIGNED 12-11-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec 13 1953 — NAME OF CEMETERY OR CREMATORY Emmanuel Cem. — LOCATION (City, town, or county) Scaggsville (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec 13-53 — REGISTRAR'S SIGNATURE Frank Shipley — 24. FUNERAL DIRECTOR De Witt Davidson — ADDRESS Laurel Md

VS. A15-1

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DEC 28 [illegible]
BUREAU V. S.

Film #G160 Item # 12 1/6/54 emb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12282

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Howard — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Howard

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City

STREET ADDRESS (If rural give location): Frederick Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
CHARLES	HENRY	WESTPHAL	12-18-53 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	1-3-1877	76 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired	Farm Owner	Germany 56	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Frederick Westphal	Augusta Affeldt

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	214-05-2981	Earl Westphal, Ellicott City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4201

Immediate cause — (a) MYOCARDIAL INFARCT — Interval Between Onset And Death: 4 HRS.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) CORONARY OCCLUSION — 4 HRS.

DUE TO (c) CORONARY ATHEROSCLEROSIS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: NONE SIGNIFICANT

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
NONE				

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-18- 1953, to 12-18- 1953, that I last saw the deceased alive on 12-18- 1953, and that death occurred at ELLICOTT CITY, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Donald E. Fisher	M. D.	101 COLUMBIA RD.	12-20-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-21-53	St. Johns	Pfieffers Corner, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Dec. 20, 1953	John B. Langhaus Per B.E.L.	F.C. Higinbothom, Ellicott City, Md

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DEC 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12283

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Ellicott City
LENGTH OF STAY (in this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Johns Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Ellicott City
STREET ADDRESS (If rural give location) St. Johns Lane

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) U. DOVER WILLIAMS

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 26 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 2/1/1898
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, (even if retired): Mining Engineer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James M. Williams
14. MOTHER'S MAIDEN NAME: Jennie Vaughn

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs E. F. Williams Ellicott City Md. St. Johns Lane

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Degenerative C. V. D. — Interval Between Onset And Death: 1 mon

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Coronary Thrombosis — 6 yrs

DUE TO (c) Arterio Sclerosis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 2, 1953, to Dec 26, 1953, that I last saw the deceased alive on Dec 26, 1953, and that death occurred at 7 P.M. from the causes and on the date stated above.

SIGNATURE James G. Howell (Degree or title) ADDRESS Catonsville DATE SIGNED 12-28

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation for Burial
DATE THEREOF 12/30/53
NAME OF CEMETERY OR CREMATORY Davis Family Cem.
LOCATION (City, town, or county) (State) Paintsville K.Y.

DATE REC'D BY LOCAL REGISTRAR Dec. 28, 1953
REGISTRAR'S SIGNATURE John B. Lughran Pu. B.E.L.
24. FUNERAL DIRECTOR Easton Sons Catonsville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 14 1953
BUREAU V. S.